

Benefits Education
Phone:
(609) 777-2111

Benefits Education
Fax:
(609) 292-9500

REGISTRATION FORM:

“Retirement Planning Seminar”

“Pension and Financial Planning Headstart Seminar”

“Completing the Quarterly Report of Contributions”

“Pension Processing and Employer Responsibilities”

Return Form To:

Division of
Pensions and Benefits
Benefits Education
PO Box 295
Trenton, NJ 08625-0295

INSTRUCTIONS: This form is for use by public employers/employees when enrolling in the above courses presented by the Division of Pensions and Benefits. *State agencies with access to electronic registration MUST use the STADIS system.* Other locations must use this registration form. Before completing, please read the information provided on the back of this form. Complete one form per course. Mail or fax completed registrations to the Division of Pensions and Benefits, Benefits Education (see above address).

PLEASE TYPE OR PRINT CLEARLY WHEN COMPLETING THIS FORM.

1st choice:

COURSE INFORMATION

Course Title:

Course Date(s):

Course Number:

Course Location:

2nd choice: (If 1st choice if full)

Course Title:

Course Date(s):

Course Number:

Course Location:

WORK INFORMATION

Your Organization:

Mailing Address (Street, PO Box, City & Zip Code):

PARTICIPANT INFORMATION

① _____
Last Name, First, MI Social Security Number Daytime Phone

Home Address (Street, City, Zip Code)

② _____
Last Name, First, MI Social Security Number Daytime Phone

Home Address (Street, City, Zip Code)

③ _____
Last Name, First, MI Social Security Number Daytime Phone

Home Address (Street, City, Zip Code)

④ _____
Last Name, First, MI Social Security Number Daytime Phone

Home Address (Street, City, Zip Code)

Supervisory Approval: _____

SOCIAL SECURITY NUMBER PRIVACY ACT STATEMENT – Participant data, including Social Security Number, is requested in order to identify participants accurately for registration into the Division of Pension and Benefits courses, to confirm registration, and to produce staff development records and reports. Any other use of this information and any release outside the Division of Pension and Benefits and the customer organization are prohibited. Authority to collect this data is pursuant to NJSA 11A:6-25 and NJAC 4A:6-4.2 (e). The provision of the information is voluntary on the part of the participant.

INSTRUCTIONS

Use this form to register for Division of Pension and Benefits' courses indicated on the front of this form only. This registration must be completed and forwarded to the **Division of Pensions and Benefits, Benefits Education, PO Box 295, Trenton, NJ 08625-0295**. Or you may **fax it to (609) 292-9500**.

Complete this form as follows:

Course Information: Indicate the title, date(s), course number (provided to the personnel/benefits contact at your location) and location of the course.

Work Information: Please enter the full mailing address of your employer, including the zip code and, if applicable, PO box.

Participant Information: Enter the name(s) of any individual(s) requesting to attend the course. Provide the Social Security number, work phone number and full home mailing address for each participant. Confirmations and directions will be mailed to this address.

Supervisory Approval: Have your supervisor provide a signature indicating approval to attend this seminar.

Locals and other government agencies: Use this form to register for the Division of Pensions and Benefits' courses indicated on the front of this form. This registration form must be completed and forwarded to the **Division of Pensions and Benefits - Benefits Education, PO Box 295, Trenton, NJ 08625-0295**. Or you may **fax it to (609) 292-9500**.

State Agencies: State agencies with access to electronic registration **MUST** use the STADIS system. Follow the normal training request procedures through your training coordinator. If you are employed by a State agency that does not have electronic registration access, this registration form may be completed and forwarded to the **Division of Pensions and Benefits - Benefits Education, PO Box 295, Trenton, NJ 08625-0295**. Or you may **fax it to (609) 292-9500**.

CONFIRMATION

Upon acceptance of your registration, a letter of acknowledgment and directions to the seminar site will be sent to the home address that you have indicated on the front of this registration form. **Any changes to the course, such as date, location, or time, will be indicated in your letter.** This confirmation and directions are sent from the Department of Personnel/HRDI. However, if you do not receive them timely, please contact the Benefits Education Office at (609) 777-2111. We will verify your registration and provide you with directions to the seminar.

CANCELLATION, TRANSFER/RESCHEDULE, SUBSTITUTION

If you cannot attend a class that you have registered for, call, write, or fax Benefits Education. Withdrawal and course transfer requests must include the name and number of the class, your name and address, and a phone number where you can be reached during the day. Such requests can be faxed to (609) 292-9500.

In the event of inclement weather, please call (609) 777-2111. If the class is cancelled there will be a detailed message.

DUPLICATE THIS FORM IF NECESSARY

(12/01)